



TAS 112-95 LAB REPORT COVER SHEET

REV.0409

LABORATORY:		
Street Address:		
City:	State:	ZIP:
MANUFACTURER :		
Street Address:		
City:	State:	ZIP:
Manufacturer Contact:		
Referenced Quarterly Test:	<input type="checkbox"/> 1 st Quarter (OCT-DEC)	Tiles Received Date:
	<input type="checkbox"/> 2 nd Quarter (JAN-MAR)	Test Date:
<input type="checkbox"/> 3 rd Quarter (APR-JUN)		
<input type="checkbox"/> 4 th Quarter (JUL-SEP)		

NOA(s) #:	Tile Description (MODEL)	CLAY	CONCRETE
		<input type="checkbox"/>	<input type="checkbox"/>
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Signature: _____

Name of Authorized Lab Representative